



MAY-05-2004 WED 08:37 AM AVE IP LEGAL

FAX NO. 5435420

P. 01

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail****Mail Stop ISSUE FEE  
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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

(CURRENT CORRESPONDENCE ADDRESS (Not Legibly make-up with any corrections or use Block 1))

28390

7590

02/12/2001

**MEDTRONIC AVE, INC.  
3576 UNOCAL PLACE  
SANTA ROSA, CA 95403**

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Christine L. Acers	(Depositor's Name)
Christine L. Acers	(Signature)
5/5/04	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09902659	07/12/2001	Graham S. Kerslick	P789 US	2000

TITLE OF INVENTION: X-RAY CATHETER WITH MINIATURE EMITTER AND FOCUSING CUP

APPL. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	05/12/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
OFN, WILLIAM L	2855	378-122000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SO/122) attached.☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SO/147; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE:

Medtronic AVE, Inc.

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Santa Rosa, CA

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☒ Advance Order - # of Copies 3

4b. Payment of Fee(s):

☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by change the required fee(s), or credit any overpayment, to Deposit Account Number 01-2525 (enclose an extra copy of this form).

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(Authorized Signature)

(Date)

*Christine L. Acers* 4/30/2004

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03 FC:1000	1161.00 DA

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PAGE 111 \* RCVD AT 5/5/2004 12:27:45 PM [Eastern Daylight Time] \* SVR:USPTO-EFXX-2/3 \* DNIS:7484000 \* CSD:5435420 \* DURATION (mm-ss):01-20

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